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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/758,781 | |
| | Filing Date | January 15, 2004 | |
| | First Named Inventor | Ali R. Rezai | |
| | Art Unit | 3739 | |
| | Examiner Name | NOT YET ASSIGNED | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 12637/95 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney and Appointment of New Power of Attorney |
| Remarks Applicant respectfully requests that this paper be made part of the above-identified patent application and be placed in the file. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------|----------|--------|
| Firm | Kenyon & Kenyon | | |
| Signature | | | |
| Printed Name | Zeba Ali | | |
| Date | September 28, 2005 | Reg. No. | 51,392 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature | | | |
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| | | |
|---|------------------------|------------------|
| REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY | Application Number | 10/758,781 |
| | Filing Date | January 15, 2004 |
| | First Named Inventor | Ali R. Rezai |
| | Art Unit | 3739 |
| | Examiner Name | NOT YET ASSIGNED |
| | Attorney Docket Number | 12637/95 |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 23838

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

23838

OR

| | | | | | |
|---|-------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Zeba Ali | | | | |
| Address | Kenyon & Kenyon | | | | |
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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--------------|-----------|--------------|
| Name | Ali R. Rezai | | |
| Signature | | | |
| Date | 8/26/05 | Telephone | 216-444-4720 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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